

04-05-06

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PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re)	
)	
Patent Application)	
Serial Number 10/680,545)	Art Unit 3727
)	
Applicant: Jeffrey M. Morris et al)	Examiner James N. Smalley
Filed: 10/07/03)	
For: Cup Lid Apparatus)	

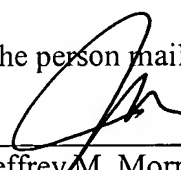
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The person mailing this Amendment A is Jeffrey Morris, Attorney for Applicants.



Jeffrey M. Morris, Reg. No 27,458
Person Mailing Paper



PTO/SB/21 (09-04)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/680,545
	Filing Date	10/7/2003
	First Named Inventor	JEFFREY MORRIS
	Art Unit	3727
	Examiner Name	JAMES SMALLEY
	Attorney Docket Number	
Total Number of Pages in This Submission		

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input checked="" type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	JEFFREY M. MORRIS		
Signature			
Printed name	JEFFREY M. MORRIS		
Date	April 4, 2006	Reg. No.	27,458

CERTIFICATE OF TRANSMISSION/MAILING			
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Signature			
Typed or printed name	JEFFREY M MORRIS	Date	April 4, 2006

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PTO/SB/17 (01-06)

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Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL

For FY 2006

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)

Complete if Known

Application Number	10/680,545
Filing Date	10/7/2003
First Named Inventor	JEFFREY MORRIS
Examiner Name	JAMES SMALLEY
Art Unit	3727
Attorney Docket No.	

METHOD OF PAYMENT (check all that apply)☒ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____☐ Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES**Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
50	25
200	100
360	180

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Total Claims	36	Extra Claims	Fee (\$)	Fee Paid (\$)
29	- 20 or HP =	0	x	0

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	8	Extra Claims	Fee (\$)	Fee Paid (\$)
3	- 3 or HP =	0	x	0

HP = highest number of independent claims paid for, if greater than 3.

Multiple Dependent Claims	Fee (\$)	Fee Paid (\$)

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
	- 100 =	/ 50 =	(round up to a whole number) x	=

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Fees Paid (\$)

SUBMITTED BY

Signature

Registration No.
(Attorney/Agent)

27,458

Telephone 847-830-2286

Name (Print/Type)

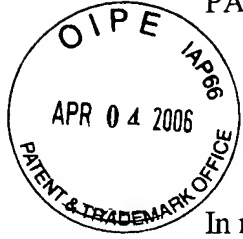
JEFFREY MORRIS

Date APRIL 4, 2006

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Serial No. 10/680,545



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Art Unit 3727

Examiner James N. Smalley

AMENDMENT A

In response to the Office Action dated January 11, 2006, the following amendments and remarks are respectfully submitted for consideration by the Patent and Trademark Office. The page number of each section of this Amendment A is indicated as follows:

- Amendments to the Specification at 2.
- Amendments to the Claims at 8.
- Amendments to the Drawings at 30.
- Remarks at 31.
- New Sheet (1/1) of Drawing is enclosed herewith.

Claims 1, 4, 6 and 35 have been amended. Claims 2, 3 and 34 have been canceled. Claims 20 – 33 and 36 have been withdrawn. New Claims 37 - 47 have been added. Claims 1, 4 - 19, 35 and 37 - 47 are all of the claims in the application.